

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016531

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 162

Primary Registration District No. 5394

Registrar's No. 40

STATE FILE NUMBER

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Eureka		c. CITY OR TOWN St. Louis	
Length of stay in 1b 4 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in-hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary		d. STREET ADDRESS (If outside, give location) 5540 Natural Bridge Bl.	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) McLAUGHLIN JOHN W.		4. DATE OF DEATH Month April Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-18-1887
9. AGE (last birthday) 75	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Maintenance Man	11. BIRTHPLACE (City and state or country) Superior, Wisconsin	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John W. McLaughlin	13b. MOTHER'S MAIDEN NAME Mary Glancy	14. NAME OF HUSBAND OR WIFE Nonie McLaughlin, deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. John W. McLaughlin, Jr.		Address 5540 Natural Bridge Bl.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH 6 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis with cerebral and			
DUE TO (c) Cardiovascular involvement.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Chronic Bronchitis; Aortic Aneurysm		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, Missouri		
21. I attended the deceased from 10/22/1959 to 4/18/63 and last saw him alive on 4/17/63 . Death occurred at 10:45 PM 4/18/63 m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick B. Hogan MD.	(Degree or title)	22b. ADDRESS 3654 South Grand St. Louis 18	22c. DATE SIGNED 4/19/1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal via	23b. DATE April 22, 1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Bl.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-22-63	26. REGISTRAR'S SIGNATURE Robert E. Bauer

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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APR 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Nuhlman

Licensed Embalmer No. 4916

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.